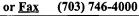
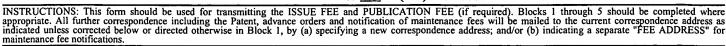
## PART B - FEE(S) TRANSMITT'AL

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450





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CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block I for	any change of address)		papers. Each additi	of mailing can only be used f This certificate cannot be used onal paper, such as an assignm	ent or formal drawing, must
	590 09/20/2004	015		have its own certific	cate of mailing or transmission.	<b>G,</b>
HARNESS, DIC	KEY & PIERCE, P.I	Q.	The last		Certificate of Mailing or Tran	smission
P.O. BOX 828 BLOOMFIELD H	II I C MI 49202	<b>b</b> 400.	8	I hereby certify that States Postal Service	t this Fee(s) Transmittal is beir the with sufficient postage for findail Stop ISSUE FEE address SPTO (203) 746-4000, on the	ng deposited with the United rst class mail in an envelope
	ILLS, WII 46303	NOV 03 2	m. 8	transmitted to the	SPTO (703) 746-4000, on the	date indicated below.
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FC:1504 FC:8001	300.00 OP 18.00 OP	PADEMARY		Novembe	r 3. 2004	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/630,018	07/30/2003	Tsuvoshi		Takemoto	4041J-000747	7764
TITLE OF INVENTION: ELECTRIC COMPRESSION DEVICE						
THE OF MALENTION, E	LLCTRIC COMI RESSION	DEVICE				
APPLN, TYPE	SMALL ENTITY	ISSUE F	FF	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	12/20/2004
•					¬ ******	12/20/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
JIANG, CHEN WEN		3744		062-229000		
<ol> <li>Change of correspondence</li> <li>CFR 1.363).</li> </ol>	e address or indication of "Fe	e Address" (37		nting on the patent front page		ess, Dickey &
Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication for					as a member a 2	
PTO/SB/47; Rev 03-02	e of a Customer   2 registered		attorney or agent) and the ned patent attorneys or agents.	If no name is 3	· · · · · · · · · · · · · · · · · · ·	
Number is required. listed, not a SIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATER				name will be printed.	· · · · · · · · · · · · · · · · · · ·	•
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recordation as set forth in	37 CFR 3.11. Completion of	of this form is NO	Γ a substitute	for filing an assignment.	ignee is identified below, the	document has been fried for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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raitya, vapan						
· • — — — — — — — — — — — — — — — — — —	assignee category or categor	ries (will not be pri	inted on the p	patent): 🗖 Individual 🗵	Corporation or other private gr	oup entity 🚨 Government
4a. The following fee(s) are	enclosed:		. Payment of	` '		
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H. Keith Miller, Esq.			· · · · · · · · · · · · · · · · · · ·	Date	November 3, 20 22,484	JU4
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